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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
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C. GOLDEN

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WALK-IN

ENTITY NAME:

LATERAL CAPITAL III, LLC.

CH# 7492 FOR \$900.00 (\$150.00 for this filing)

PLEASE FILE THE ATTACHED CONVERSION & RETURN THE FOLLOWING:

CERTIFIED COPY XXX STAMPED COPY CERTIFICATE OF STATUS

Examiner's Initials

FILED

Articles of Conversion For "Other Business Entity" Into Florida Limited Liability Company

2016 DEC 30 AM 8: 33
SECRETAIN 1 STATE
TALLAHASSEE, FLORIDA

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

(Enter Name of Other Business Entity))
2. The "Other Business Entity" is a <u>limited liability company</u> (Enter entity type. Example: corgeneral partnership, common)	
First organized, formed or incorporated under the laws ofM	linnesota
on September 27, 2013 (date of organization, formation or incorporation) 3. The name of the Florida Limited Liability Company as set for	et, or if a non-U.S. entity, the name of the country) orth in the attached Articles of Organization:
Y added 1 Charles 1 YY Y Y C	
Lateral Capital III, LLC	
(Enter Name of Florida Limited Liability Comp	pany)
(Enter Name of Florida Limited Liability Comp	December 31, 2016 at 11:59 p.m. EST.
	December 31, 2016 at 11:59 p.m. EST. Tiled date nor more than 90 days after the te; AND 2) must be the same as the effective ective date is listed therein.)

Page 1 of 2

Signed this 29th day of Doorwoon	20 46	
Stanature of Authorized Representative of Lin	ited Liability Company:	
Signature of Authorized Representative:	by	,
Printed Name: John N. Lilly	Titie: Manager	•
Signature(s) on behalf of Other Business Entity:	[See below for required signature(8)]	t.
Signature:	· ·	,
Printed Name Tolan N. L.B	Title: Chief Manager	
Signature:		
Printed Name:	Title:	
		•
Signature: Printed Name:	Title:	•
,		
Signature: Printed Name:	Title:	
· · · · · · · · · · · · · · · · · · ·	,	•
Signature:Printed Name:	Title:	•
11 Indee Name.		
Signature:		•
Printed Name:	Title:	
If Florida Corporation:		**
Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an Ir		ť
	•	
If Florida General Partnership or Limited Liabil Signature of one General Partner.	ity Partnership:	
<i>₩</i>	and was the way of the same of	
If Florida Limited Partnership or Limited Liabil Signatures of ALL General Partners.	ity Limited Partnership:	
All others: Signature of an authorized person.	·	78. 201
Fees:	•	
A St. Sec. of Sec. St.	energe and	The second secon
Articles of Conversion: Pees for Florida Articles of Organization:	\$25.00 \$125.00	25 8 T
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	
,		<u> </u>
	Page 2 of 2	\mathbb{S}^m $\widetilde{\omega}$

Page 2 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -	Name:			2016 DEC 30 AH 8: 33
The name of the Limited Liability Company is:		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Lateral Capita	al III, LLC		•	•
	(Must end with the words "Limited L	iability Company	y, "L.L.C.," or "LL	C.")
ARTICLE II	- Address: dress and street address of th	e principal o	ffice of the Lin	nited Liability Company is:
Principal Offi	ce Address;	<u>Mailin</u>	g Address:	·
1330 Main Str	reet, Second Floor	1330 1	Main Street, Se	cond Floor
Sarasota, FL	34236	Saras	ota, FL 34236	
(The Limited Liabil business entity with	 Registered Agent, Registe ity Company cannot serve as its own R h an active Florida registration.) the Florida street address of t 	legistered Agent.	You must designat	
The fluide and	John N . Lilly	no registered	agont mo.	
		ame		-
	1330 Main Street, Seco	nd Floor		ı
,	Florida street address (P.O. Box NO	OT acceptable)	-
•	Sarasota	FL	34236	<u>_</u>
	City		Zip	
				6 4 1 4 11 14 1

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:	2016 DEC 30 AM 8: 3
"AMBR" = Authorized Member	THE WIND THUS COS.	sensetaby of Stati
"MGR" = Manager		SECRETARY OF STATE TALLAHASSEE, FLORIU
MGR	John N. Lilly	
	1330 Main Street Second I Sarasota, FL 34236	
MGR	Jeff Ansell	
	1330 Main Street, Second Floor	<u></u>
	Sarasota, FL 34236	
(Use attachment if necessary) TCLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.)	e date of filing:	16 at 11:59 p.m. EST (OPTIONAL) than five business days prior
ICLE V: Effective date, if other than th	e date of filing: be specific and cannot be more the applicable statutory filing requirements.	
TICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet ment's effective date on the Department of State	e date of filing: be specific and cannot be more the applicable statutory filing requirements.	
TICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet ment's effective date on the Department of State IICLE VI: Other provisions, if any.	e date of filing: be specific and cannot be more the applicable statutory filing requirements.	
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ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet ment's effective date on the Department of State ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of this document is executed in a I am aware that any false inform constitutes a third degree felong. John N.	be specific and cannot be more to the applicable statutory filing requirement's records. For an authorized representative accordance with section 605.0203 (1) (b), mation submitted in a document to the Depart as provided for in s.817.155, F.S. Lilly, Member	e of a member. Florida Statutes.
ICLE V: Effective date, if other than the effective date is listed, the date must 90 days after the date of filing.) If the date inserted in this block does not meet ment's effective date on the Department of State ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of this document is executed in a I am aware that any false inform constitutes a third degree felong. John N.	be specific and cannot be more to the applicable statutory filing requirements records. For an authorized representative accordance with section 605.0203 (1) (b), nation submitted in a document to the Depart as provided for in s.817.155, F.S.	e of a member. Florida Statutes.